





BEHAVIORAL HEALTH

COMMUNITY SERVICES

PRESCHOOL SERVICES

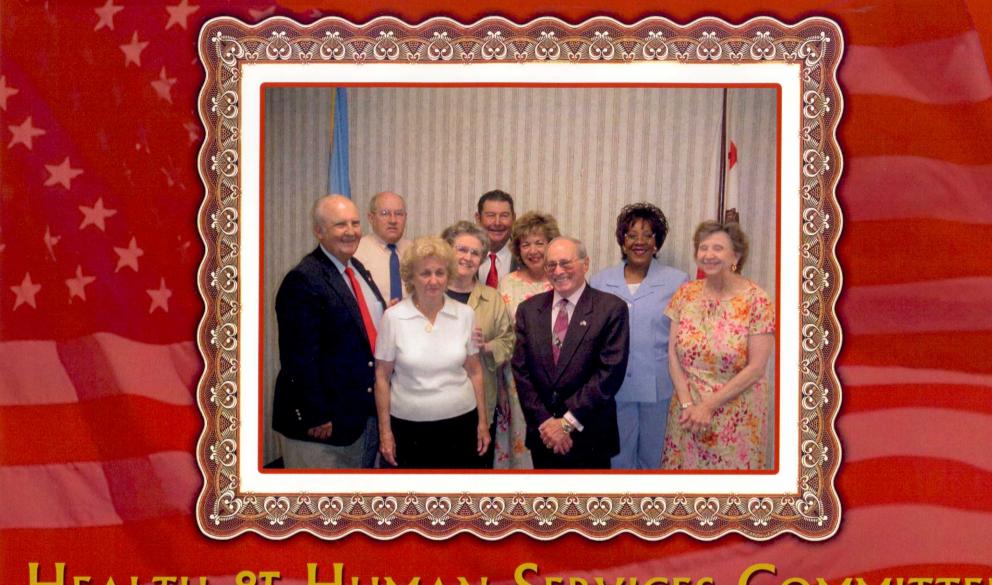
PUBLIC HEALTH

TRANSITIONAL ASSISTANCE

VETERANS AFFAIRS



HEALTH & HUMAN SERVICES COMMITTEE



HEALTH & HUMAN SERVICES COMMITTEE

CLYDE METZLER, DENNIS ZIMMERMAN, NANCY AMARAL, JOYCE SYLVESTER, NOEL PETERSON, VIRGINIA MARTINEZ, MEL KORNBLATT (CHAIR), NATHANDRA JOSEPH, MARIANNE DELLAMARNA

HEALTH AND HUMAN SERVICES COMMITTEE

The Health and Human Services Committee's scope is one of the largest in San Bernardino County.

Written reports are included on the following departments:

Department of Aging and Adult Services
Department of Behavioral Health
Department of Public Health
Animal Care and Control Program
Bio-Terrorism
Veterans Affairs

The Transitional Assistance, Community Services and Children's Services departments were visited, however no findings and recommendations were made.

The "Needles Special Project" ad hoc committee was formed by this Grand Jury to look into County operations and services as they pertain to the City of Needles. As part of this inquiry, the Needles' offices of the Department of Aging and Adult Services, Behavioral Health and the Public Health departments were visited. Since these portions of the Needles Special Project Ad Hoc Committee report fall under the umbrella of the Health and Human Services Committee, the findings and recommendations are also contained herein.

We found all department heads cooperative and genuinely interested in improving the County's services to the public.

DEPARTMENT OF AGING AND ADULT SERVICES

BACKGROUND

The Department of Aging and Adult Services (DAAS) provides services to seniors and at-risk individuals that allow them to maintain an independent life style.

DAAS has 278 employees. It provides employment for 12,000 workers of independent service providers and proudly boasts 13,313 volunteer hours annually that translate to a dollar value of \$150,603. It also provides 422 hours of staff training a year.

The Ombudsman Program is also under the auspices of the Department of Aging and Adult Services. It is mandated by State and Federal law to receive, investigate and work to resolve problems and complaints on behalf of residents in nursing homes and residential care facilities. The program is supported by State and Federal funds and by private donations, and administered by DAAS.

DAAS staff is available to speak to community groups and organizations about the role of the ombudsman, as well as addressing current issues in long-term care and providing:

- ? Complaint resolution services, in confidence and without charge
- ? Regular unannounced visits to long-term care facilities by State trained volunteers
- ? Community education about residents' rights and entitlements
- ? Public information about long-term care facilities in San Bernardino County

The Ombudsman Program relies on the community to help by:

- Offering time and skills to ombudsman services
- Telling friends and neighbors about ombudsman services
- Supporting the Ombudsman Program with tax-deductible contributions

The Ombudsman Program is not well known but it is vitally necessary and is designed to monitor the quality of health care in nursing homes and residential care facilities where opportunities for abuse, neglect and fraud are great.

FINDINGS

The Department of Aging and Adult Services may be characterized as both supportive and advocacy in nature. It is legitimized by the Older Americans Act of 1965. DAAS' philosophy is to maintain, improve choice and oversee the quality of life and independence of their clients. It also believes that seniors and at-risk adults have the right to age in place, as opposed to being institutionalized.

DAAS has its major offices in the East Valley, which includes the mountain areas, Yucaipa, Redlands, Joshua Tree, Yucca Valley, Barstow, Needles, Trona, Crestline and San Bernardino. There are also offices in the West Valley that include Fontana, Ontario, Rancho Cucamonga and Rialto, and the desert area that includes Victorville.

In November 2001, DAAS established the Nutrition Efficiency Committee (NEC), at the request of the Board of Supervisors. The NEC is made up of the current providers of senior nutrition services currently contracted, along with members of the Senior Affairs Commission and staff from DAAS and the Board of Supervisors. Several recommendations were made by members of the NEC including investigating the possibility of converting to a frozen meal. DAAS staff studied programs in other areas of the State where such a conversion has taken place. Frozen meals delivered on a less frequent basis is a viable alternative that could eliminate waiting lists, as well as potentially expand current delivery areas. It would drastically reduce costs, including raw food, gasoline and vehicle maintenance.

This system has been tried in other areas and has dramatically reduced costs and allows the program to operate within the boundaries of the funding provided. It has, in fact, accumulated a surplus of funds that were used to develop and run a telephone assurance system that provides daily contact with residents.

To date, Needles has proven to be the most challenging for DAAS. The Department of Aging and Adult Services conducted a needs assessment study. It reported a number of unique service needs; among them is accessibility of medical services. Most local providers refuse to accept Medi-Cal patients. Effective July 1, 2003 home delivery of meals to homebound seniors in Needles will be available.

The State Independent Living Center's executive director convened a tri-state (Laughlin, Nevada, Needles, California and Bullhead City, Arizona) meeting based on the Needles assessment to find a way to address resident issues in the tri-state area. Additional groups were added to include the Fort Mojave Indian Tribe and Lake Havasu, Arizona. The initial meeting identified areas of service needs in each state's local region and the closest proximity of service providers.

Not many people know about the Ombudsman Program; it needs more visibility. The public needs to be informed of its existence and the services available to the community at no cost.

The 2001 Grand Jury recommended DAAS utilize radio public service announcement opportunities. The agency response was that there was not enough money in the budget to purchase tapes. However, an investigation with another County agency revealed that each County agency is allotted an amount for such expenditures. The County has a contract with Clear Channel Media Corp. to provide 100 minutes of radio commercials.

RECOMMENDATIONS

- 03-24A SUPPORT THE DEPARTMENT OF AGING AND ADULT SERVICES IN ACQUIRING MEDICAL SERVICES FOR DESERT COMMUNITIES, ALONG WITH NEVADA AND ARIZONA, TO ALLEVIATE THE LONG DRIVE FOR THESE SERVICES.
- 03-25 IMPLEMENT THE FROZEN MEALS PROGRAM TO INSURE ALL ELIGIBLE SENIORS ARE RECEIVING DAILY NUTRITIONAL MEALS, INCLUDING THOSE IN THE NEEDLES AREA OF SAN BERNARDINO COUNTY.

03-26 EXPLORE THE POSSIBILITY OF UTILIZING LOCAL COMMUNITY COLLEGE FACILITIES TO PREPARE TAPES FOR ADVERTISING THE OMBUDSMAN PROGRAM, AND UTILIZE THE CONTRACT WITH CLEAR CHANNEL MEDIA CORPORATION IN ORDER TO ADVERTISE THE PROGRAM.

DEPARTMENT OF BEHAVIORAL HEALTH

BACKGROUND

The Department of Behavioral Health (DBH) is committed to developing cultural and linguistically competent services in the following areas:

Outpatient Services
Children's Services
Adult Services
Day Treatment Services
Residential Services
Drug and Alcohol Services
Employment Services

FINDINGS

There are 800 people on staff at Behavioral Health, and they serve approximately 30,000 people.

DBH receives funding from State, Federal and County governments, and a portion of one-half cent sales tax.

Most of the buildings at Behavioral Health are old, in bad condition, filthy, humid and moldy and rat infested. These portable buildings have been in service since 1960. They are antiquated, inadequate facilities. It was related that there were employees who had become ill due to the poor conditions in the buildings.

DBH has a three-year Master Plan to replace its existing facilities.

Currently, a replacement building consisting of 14,000 square feet is under construction. This will replace one of the current inadequate buildings.

The DBH Master Plan calls for construction of another 75-85,000 square foot building at the current site, which will replace the remaining inadequate buildings.

RECOMMENDATION

03-27 THE BOARD OF SUPERVISORS PROVIDE ALL NECESSARY ASSISTANCE AND FUNDING TO BRING THE DEPARTMENT OF BEHAVIORAL HEALTH'S MASTER PLAN TO FINAL COMPLETION BY JUNE 2005.

PUBLIC HEALTH DEPARTMENT

BACKGROUND

The Public Health Department appears to be well organized and well staffed and adheres to the required Health and Safety Codes, Title 22, and Federal regulations. Written policies and procedures are available, and patient privacy is protected. Patients have individual files, and continuing care is provided and monitored. A high degree of dedication and professionalism was noted in this department.

FINDINGS

Preventive Health Care Services uses public health techniques to control sexually transmitted diseases; however, accepted case follow-up techniques are not used for HIV control, due to political matters. Tuberculosis is diagnosed and treated in Public Health facilities.

Maternal Health has many educational programs ongoing: Black Infant Health; Perinatal Outreach and Education; Perinatal Care Guidance; Mother/Infant Support Teams; Prenatal Clinics; Proposition 10; Early Steps Collaborative. The goal is to have healthier pregnancies.

The Public Health Department has patient care clinics strategically located throughout the County. The rural clinics that the Grand Jury visited were located in Needles, Barstow and Fontana. The services that were offered were quite similar, and consisted of the following:

Family Planning – consisting of contraception (birth control pills, IUD insertions, barrier techniques, abstinence techniques, etc.), pregnancy testing and counseling, prenatal care and primary care.

Cervical Cancer Screening (primarily, taking of pap smears); Child and Adolescent Health consisting of immunizations and well baby care; Sexually Transmitted Disease diagnosis and treatment; HIV testing and results; Tuberculosis skin testing, plus medication refills.

Breast examinations (however mammograms were referred to other clinics).

The Special Nutrition Program for Women Infants Children (WIC) was available at all the rural clinics.

The Hesperia and Ontario Clinics, in addition to the above services, have the ability to perform colposcopies (examination of cervix under magnification) and various x-ray procedures, and also offer vasectomy clinics. Female sterilization procedures are referred to the Arrowhead Regional Medical Center (ARMC).

On a recent visit to the Public Health Clinic in Needles it was learned that 417 hours per year were spent in transporting patients. The personnel at the Needles Clinic felt that this time transporting would be significantly reduced by having the Nurse Practitioner visits increased from bi-weekly to weekly, and by adding colposcopies to the procedures available at the clinic.

The main clinic is the San Bernardino Clinical Services on Lena Road in San Bernardino. Nurse Practitioners are based here and sent to the other clinics to do the pap smears and prenatal visits, and at the Hesperia and Ontario clinics to perform colposcopies as well as teach breast self-examination.

There are several physicians based at the Lena Road clinic who oversee the diagnosis of tuberculosis and HIV infection as well as the diagnosis of AIDS, and the instructing of the appropriate treatment. They are also responsible for initiating treatment for syphilis, gonorrhea, and chlamydia.

The laboratory at the Lena Road clinic is designated as a Level B bioterrorist laboratory. It is capable of diagnosing biological agents that could be used in a terrorist attack. In addition, this laboratory is equipped to perform the diagnostic tests to discover HIV and AIDS infection, tuberculosis sputum exam for diagnosing tuberculosis, dark field exams for diagnosing syphilis, and cultures for diagnosing gonorrhea and other conditions.

The San Bernardino Clinical Services facility on Lena Road is cramped for space. It seemed as though 100 percent of the counter space was in use with laboratory equipment and supplies. Plans are underway, however, to enlarge this space.

It was observed at the Hesperia and Barstow clinics that there were open spaces in the reception areas between the clinic workers and the patients. This could be a possible source of contamination by infected patients, potentially exposing the workers to various communicable diseases.

Treatment rooms and work areas are up to code re: sanitation, equipment, hazardous waste disposal and separation of the contagious versus the non-contagious. All areas appeared clean and ready.

It was noted that the Hesperia clinic has the greatest client-to-nurse ratio, and the STD rate (sexually transmitted diseases) is growing rapidly.

The Twin Peaks office is owned by the County, but only operated one day a month. There was a discussion of possibly using mobile units for the mountain and outlying areas.

Public Health has a good money flow for patient care, largely due to State and Federal grants. The department has excellent grant writers.

Literature is provided to the population in English, Spanish and other languages.

The Animal Control Licensing Program has a different fee for neutered and non-neutered animals. There is a voucher program to financially assist animal owners to have their pets neutered. A mobile spay/ neuter unit is also available to cover the more remote County areas. Good interaction exists between the County and city-owned animal shelters. The County facility at Devore is being enlarged to add an additional 20 runs, bringing the total capacity to 60 runs. Rabies control program is very active and protective injections for pets are also available. The County contracts with local veterinarians to provide these services.

The Environmental Health Services Division performs in excess of 20,000 restaurant inspections per year. This is done with about 41 inspectors. In addition, DEHS inspects small food vendors, as well as soft ice cream establishments. The division monitors hotels, motels and other temporary living facilities, as well as prisons and public swimming pools.

Vector Control – Mosquitoes are best controlled by using mosquito fish, spraying oil on vector surface, and the use of insecticides. Mosquitoes are harvested in large pools and tested for disease en masse, rather than testing them individually. A program is in effect for monitoring dead birds and chickens to detect West Nile virus. Horses are also monitored. A program to eradicate fire ants and control African honeybees is also being overseen. Also monitored are all cases of encephalitis.

RECOMMENDATIONS

- 03-28 INCREASE THE NURSE PRACTITIONER TIME AT THE NEEDLES PUBLIC HEALTH CLINIC FROM BIWEEKLY TO WEEKLY.
- 03-29 ADD THE CAPABILITY FOR COLPOSCOPY EXAMINATIONS AT THE PUBLIC HEALTH CLINIC IN NEEDLES.
- 03-30 INSTALL SPLATTER SCREENS IN THOSE PUBLIC HEALTH CLINIC AREAS IN WHICH THERE IS UNPROTECTED SPACE BETWEEN PATIENTS AND THE PUBLIC HEALTH WORKERS.

ANIMAL CARE AND CONTROL PROGRAM

BACKGROUND

Animal Control is responsible for the care and control of animals in San Bernardino County. Several departments share accountability: California Fish and Game, County Department of Agriculture, Weights & Measures and private contractors. Agriculture/Weights and Measures has assumed the former responsibilities of the U.S. Department of Agriculture, which includes tracking coyotes and other wild animals.

There have been frequent reported problems of predatory animals in populated areas and a major increase of stray dogs and cats throughout the County. The Animal Control Division is governed by the California State Health & Safety Code and regulations under Title 16 and Title 17 (Public Health), Agricultural Code and Civil Code.

FINDINGS

The Animal Control Division has a reporting system through a common toll free telephone number. Any animal problem will be assessed and forwarded to the appropriate division through this centralized system. Coyote issues are generally given to contractors that handle these issues. Wild animals such as bear, cougars or any wild animal with human encounter are the responsibility of the Fish and Game Department. All reported animal bites must be referred to Animal Control. Dogs, cats, large domestic animals and small wild animals are the responsibility of Animal Control. There are 18 non-profit organizations in San Bernardino County working with Animal Control for the placement and neutering of dogs and cats.

The increase in population has brought an increase in the number of stray dogs and cats. This presents a serious problem for housing and neutering these strays.

The largest County kennel is in Devore and has 50 runs. This unit is designed to house 3,700 to 7,000 animals per year, but actually houses 11,000 animals per year. Dogs and cats are kept five days before being euthanized. Frequently, 5-6 dogs are kept in a single kennel causing problems such as fights. Occasionally animals are transferred to city kennels, for which there is a fee. However, this process still does not provide enough space.

Several cities throughout the County contract with County Animal Control for services, generating revenue of approximately \$500,000 annually. \$180,000 a year from the General Fund is dedicated to the very successful spay/neuter program. This is a free service for those who bring in strays or wish to have their pet neutered. The County has a spay mobile that travels throughout the County to offer these services. All animals must be licensed and neutered before being placed in a new home.

Animal Control offers to the public the use of traps, at the cost of \$1.00 a day, and will pick up the caged animals.

RECOMMENDATIONS

03-31 EXPAND THE SPAY/NEUTER PROGRAM IN THE ANIMAL CARE AND CONTROL PROGRAM TO MEET THE INCREASED POPULATION.
 03-32 EXPAND CITY CONTRACT SERVICES FOR ANIMAL CARE AND CONTROL.
 03-33 INCREASE KENNEL CAPACITY AT THE COUNTY ANIMAL SHELTER TO MEET GROWING NEEDS.

BIO-TERRORISM

BACKGROUND

Public Health departments are responsible for the management of any disease or organism that could cause epidemic episodes. This program is one of containment, not of prevention.

Since 9/11/01 there has been an increased emphasis on the locating and controlling of disease agents that could be considered for biological warfare, major chemical release included. These elements can be used in the form of bio-terror activity.

In 1999 the Terrorism Oversight Committee and the Terrorism Early Warning group were initiated by the County Sheriff and Fire departments for overall coordination and planning.

FINDINGS

Public Health departments throughout the United States have been in the process of creating plans to prepare against all forms of bio-terror activity. San Bernardino County has a comprehensive published plan that is being rapidly put in place by the Public Health Director and his team.

The majority of citizens of this County are not aware of the immense efforts being made to protect them should a crisis of biologic means occur.

The County has a Level B laboratory, which means it has the necessary equipment and personnel to quickly diagnose any potentially harmful organism.

The County has critical communication systems working 24 hours a day, seven days a week so that inter-exchange of pertinent information is constant. This would ensure secure electronic exchange of public health information in standard formats between computer systems of public health and emergency related systems.

The Public Health Department is adding a position, a "Bio-terrorism Public Health Program Coordinator", to assist the director in developing and implementing programs needed.

Levels of education have been raised for personnel that may be involved in bio-terror activity. There are also several preparedness conferences for public health professionals and health care providers. These conferences are offered through San Bernardino County and advisory agencies.

There are multiple emergency medical systems in place throughout the County (and State) that can be called upon and shared should a crisis occur. In place are systems that provide for each county to assist nearby counties when called upon. These specialty groups can be called upon to move throughout the nation.

If there are shortcomings, it appears the department is aware and working to bring them to a level at, or beyond, compliance. Results are obvious and progress is being made.

RECOMMENDATION

03-34 MAKE THE COUNTY POPULATION AWARE OF THE PUBLIC HEALTH DEPARTMENT'S RELENTLESS PREPARATION AGAINST BIO-TERRORIST ACTIVITY.

NEEDLES SPECIAL PROJECT HEALTH AND HUMAN SERVICES

FINDINGS

The City of Needles has a population of 4,830, of which 1,303 citizens are on disability (25 percent of the population). The median income for Needles is \$26,108. There is no available home health care. There are no hospice programs. There is no home-based food program. There is very limited affordable housing.

Meetings with the Department of Aging and Adult Services, Public Health and a private practice physician reflect the following:

The Department of Aging and Adult Services (DAAS) conducted a needs assessment in the year 2001. This department worked with the State Independent Living Center's executive director to convene a Tri-State meeting (Nevada, California, Arizona) to assess a way to address resident issues in the Tri-State area. One problem is the lack of access to medical services because only one physician in Needles accepts Medi-Cal as health insurance, creating the problem of having to transport clients needing medical services to the Arrowhead Regional Medical Center (ARMC) in San Bernardino.

The Needles hospital (Colorado River Medical Center) does accept Medi-Cal clients, however, the physicians do not. Therefore, Medi-Cal clients can receive emergency treatment only and those clients requiring non-emergency services are referred to ARMC.

At the second tri-state meeting, DAAS and the Department of Behavioral Health (DBH) volunteered to contact the various medical services providers in the Tri-State area to solicit their reasons for not accepting Medi-Cal and to inquire as to what changes were needed so that they would be willing to become Medi-Cal providers. The committee continues to work on this problem.

In the year 2002, DAAS social workers and Public Health registered nurses spent 417 hours transporting patients not given medical care in the Needles area. Public Health (PH) has since obtained a grant for a van and a driver, which partially alleviates the problem. This also returns the professionals to their primary function of caring for the patients' issues. However, the van is not available for the general population. Only clients linked specifically to PH programs are able to access transportation services to out-of-area doctors. DAAS is currently negotiating with PH to establish a Memorandum of Understanding (MOU) to share costs, thus enabling DAAS clients' access to this transportation service. Even with a DAAS and Public Health MOU in place, there will still remain a population underserved.

Behavioral Health described feelings of frustration due to: (1) large patient caseload; (2) difficulty in obtaining appropriate medications; and (3) delays in obtaining necessary equipment for the totally disabled. Behavioral Health does have a video link with psychiatrists in San Bernardino.

At the Public Health Clinic the personnel, one Registered Nurse (R.N.) and two clerks, are scheduled four 10-hour days per week. Patients are scheduled every 10-15 minutes, plus they take walk-ins. Every other week a Nurse Practitioner is available 1.5 days. The R.N. sees many older or needy patients at Big River once a month and tracks 80+ patients with health problems in aging programs. This R.N. is also on the Drug Court Team as well as providing Public Health programs for this area such as primary care, reproductive health, sexually transmitted diseases, HIV follow-up, TB follow-up, the Special Nutrition Program for Women, Infants and Children (WIC) program, pregnancy and pap smears. The capability of doing colposcopies (cervical exam under magnification) would alleviate travel to San Bernardino or Victorville and return results quickly. Public Health also has the school nurse contract.

The Public Health Department has video link equipment by which patients could be interviewed by an M.D., however this has not been connected. This would reduce travel time for patients.

Only recently has Needles acquired a dentist who will accept Medi-Cal. However, his practice is limited to adult Medi-Cal clients only. Children were referred out to the Victorville area. Recently a dentist in Bullhead City, Arizona area (within 20 miles) has agreed to accept children and Medi-Cal recipients.

A visit to a private physician's clinic that does accept Medi-Cal was made. This doctor stated that although the private hospital in the area does accept Medi-Cal, other physicians in the area do not. He explained that the very slow turnaround time for payment and low payment were the primary reasons. This

physician is taking a second physician into the clinic this summer; an internal medicine specialist who he hopes will relieve his time with the heavy Medi-Cal practice.

RECOMMENDATIONS

03-35	FORM A LIAISON BETWEEN COUNTY OFFICIALS AND HEALTH CARE PROFESSIONALS TO ADDRESS THE MEDICAL PROBLEMS IN THE CITY OF NEEDLES.
03-36	PROVIDE THE SERVICES OF A NURSE PRACTITIONER IN NEEDLES EVERY WEEK.
03-37	PROVIDE COLPOSCOPY EQUIPMENT AT THE NEEDLES PUBLIC HEALTH CLINIC SO THAT PATIENTS COULD BE DIAGNOSED AND TREATED WITHOUT LONG DISTANCE TRAVEL AND A PROLONGED WAIT FOR RESULTS.
03-38	EXTEND SOCIAL SERVICES, COMMUNITY SERVICES AND DEPARTMENT OF AGING AND ADULT SERVICES TO PROVIDE HOSPICE, HOME HEALTH AND HOME-BASED FOOD PROGRAMS IN NEEDLES.
03-39	CONNECT THE VIDEO LINK EQUIPMENT FOR THE PUBLIC HEALTH DEPARTMENT IN NEEDLES.

VETERANS' AFFAIRS DEPARTMENT

BACKGROUND

The County Veterans Affairs office plays a vital role in the National Veterans Advocacy Network. It functions as an advocate for veterans' rights, as well as addressing issues of access to services and benefits.

At the local level it works in conjunction with County agencies such as the departments of Behavioral Health (therapeutic counseling), Transitional Assistance (food stamps and general subsistence vouchers), and Aging and Adult Services. These services are heavily concentrated on claims, health counseling, review of claims and other information and referrals relevant to veterans needs.

Although the budget of this agency is \$1,108,218, less a State grant of \$264,000, the actual cost to the County is only \$884,218. The Federal benefits attributable to the Veterans Affairs office amounted to \$119,395,377, according to information included in a Veterans Affairs pamphlet.

There are full time offices located in San Bernardino, Victorville and Ontario and four part-time offices in Loma Linda (at the Jerry Pettis Memorial Veterans' Hospital), Yucca Valley, Twentynine Palms and Barstow.

FINDINGS

An aging veteran population will increase the demand for home care, home services, field visits, life insurance and death and survivor benefits.

Conversations with the director revealed a need to publicize their services. He believes that it would facilitate greater service if he had a staff of volunteers, which would then free his paid personnel for more significant tasks.

Greater Federal subsidies are necessary for State and local veterans' services (currently \$3.2 billion is expended annually by State and local governments to assist veterans and their families). This does not take into consideration recent veterans.

Veterans Administration Medical Center is the primary medical provider – greater numbers of veterans are now eligible for medical care.

There is a new category of claims entitled "Presumptive Condition", brought about by herbicide exposure. A few are: non-Hodgkin's lymphoma of the lung, bronchitis, larynx or trachea, soft tissue sarcoma, diabetes and spina bifida (for disabled children of Agent Orange exposed veterans).

The veteran population of San Bernardino County will continue to grow; mounting pressure for limited resources at all levels will increase due in part to the 1988 Veterans' Judicial Review Act that allows judicial review of rejected claims. (There is currently a nationwide backlog of 500,000 cases waiting to be reviewed.)

The Veterans' Eligibility Reform Act of 1996 (Public Law 104-262) paved the way for a medical benefits package now available to all enrolled veterans. This package emphasizes preventive and primary care and outpatient services. It also sets up priority groups numbered from 1 to 8.

Priority 1-6 includes veterans with service-connected disabilities rated from 10-50 percent more disabled and veterans who have been determined to be catastrophically disabled.

Priority 5-6 also includes compensable service-connected disorders associated with exposure to herbicides, radiation, disorders caused by the Gulf War or any illness associated with combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

Priority 7-8 includes veterans with no service-connected disabilities who agree to pay specified copayments in accord with the Veterans' Administration means testing and income below the HUD geographic index. There is a possibility that many Priority 7-8 veterans will not be able to afford the higher co-payments or the annual enrollment fees since they characteristically have low incomes.

There is a backlog of 300,000 veterans' claims being challenged by the government.

Enrollment in the Veterans Administration medical program has doubled from 2.9 million to 7 million in 2003, and funding has only increased by 60 percent.

RECOMMENDATIONS

- UTILIZE MARKETING STRATEGIES TO CREATE GREATER VISIBILITY OF BENEFITS AVAILABLE TO VETERANS. ACTIVELY WORK WITH GROUPS SUCH AS THE DISABLED AMERICAN VETERANS, AMERICAN LEGION AND THE VETERANS OF FOREIGN WARS TO DISSEMINATE INFORMATION.
- UTILIZE THE SAN BERNARDINO COUNTY HUMAN RESOURCES DEPARTMENT TO ACQUIRE VOLUNTEERS TO ASSIST IN OFFICE TASKS AND PUBLIC CONTACT POSITIONS THAT WOULD RELIEVE PAID STAFF TO FOCUS ON CORE DEMANDS OF THIS AGENCY.